

Child Nutrition Assessment

Name _____ ID _____

Head Start Center/Worker _____



MAINE
WIC
nourishing
growing families

DOB _____	Recert Age _____	Wt _____ Length _____ Hgb _____ Wt/length BMI/age _____ %ile	Recert Age _____	Wt _____ Length _____ Hgb _____ Wt/length BMI/age _____ %ile	Recert Age _____	Wt _____ Length _____ Hgb _____ Wt/length BMI/age _____ %ile	Recert Age _____	Wt _____ Length _____ Hgb _____ Wt/length BMI/age _____ %ile
Child's Eating Pattern	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat	_____ meals/day _____ snacks/day Between meals and snacks: <input type="checkbox"/> Nothing <input type="checkbox"/> Grazes <input type="checkbox"/> Child is interested in eating meals and snacks <input type="checkbox"/> Child is allowed to choose whether to eat or not <input type="checkbox"/> Child is allowed to choose how much to eat
Family Meal & Snack Practices	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)	Eats at: <input type="checkbox"/> Family table <input type="checkbox"/> Other _____ <input type="checkbox"/> Pleasant conversation <input type="checkbox"/> Distractions are minimized (TV, toys, etc...) <input type="checkbox"/> Seated to eat or drink (no wandering/play) <input type="checkbox"/> Parent eats with child during: __ meals __ snacks <input type="checkbox"/> Parent avoids using food as reward or punishment <input type="checkbox"/> Family enjoys same prepared meal (no catering)
New Foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods	Typical reaction: __ accepts __ wary __ refuses Recent new food _____ Child's reaction _____ <input type="checkbox"/> New foods are offered alongside familiar foods
Diet	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> Diet sheet used Comments: _____ _____ _____
Feeding Skills	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw	<input type="checkbox"/> Feeds self <input type="checkbox"/> Uses utensils <input type="checkbox"/> Chews well Uses: <input type="checkbox"/> open-mouth cup <input type="checkbox"/> sip cup <input type="checkbox"/> bottle <input type="checkbox"/> straw
Dental Care	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____	Brushes _____/day <input type="checkbox"/> parent <input type="checkbox"/> child Bedtime drink _____ Last dental visit _____
Topics Discussed - Cert/Recert	1 _____ 2 _____ 3 _____							
Parent wants to work on...	1 _____ 2 _____ Handout _____							
At next appt:	_____	_____	_____	_____	_____	_____	_____	
Staff / Date	Staff _____ Date _____							
Topics Discussed - NE	1 _____ 2 _____							
Staff / Date	Staff _____ Date _____							

Shot record requested on:

DTaP Dates:
1. _____
2. _____
3. _____
4. _____

Lead Tests:
12 month:
____ recommended
____ done
24 month:
____ recommended
____ done

Referrals

Nutrition Care Plan (SOAP Note Format)



Age _____	Age _____	Age _____
Staff _____ Date _____	Staff _____ Date _____	Staff _____ Date _____

Age _____	Age _____	Age _____
Staff _____ Date _____	Staff _____ Date _____	Staff _____ Date _____

Name _____ Birth Date _____ Birth weight: _____

- Child's Physician _____ Dentist _____
- Child's health insurance: MaineCare None Other _____
- What services does your child currently receive?
 - TANF Food Stamps Head Start/Early Head Start
 - Home Visitation Program Public Health Nursing Child Care

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Does your child have any current medical or dental problems?
If yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your child drink a special formula, nutrition supplement or herbal beverage?
If yes, please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your child take any medications, vitamins or supplements (including herbs)?
If yes, please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are there any foods your child cannot eat because they cause problems?
If yes, please specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your child's family members have a history of food allergy? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your child live in or spend time in a home built before 1978?
If yes, is the home being remodeled? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do any of your child's family members or caretakers smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Were there any days last month when your family did not have enough food to eat or enough money to buy food? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have problems refrigerating or heating/cooking your food? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your drinking water come from a well? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is your child Hispanic or Latino? | <input type="checkbox"/> | <input type="checkbox"/> |
| • What best describes your child's race? (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander | | |
| • What questions do you have about feeding your child or about how your child is growing?
_____ | | |

Office Use Only: Updated on _____ Staff initials _____ Updated on _____ Staff initials _____ Updated on _____ Staff initials _____ Updated on _____ Staff initials _____